



Housing Authority of Jackson County

2251 Table Rock Road Medford OR 97501

PH/TDD: 541-779-5785 www.hajc.net Fax: 541-857-1118

Date: _____

HOH: _____

Case Coordinator: _____

Reasonable Accommodation/Modification Request Form

Name of person requiring accommodation/modification: _____

Address: _____

Date of Request: _____

Description of accommodation/modification being requested: _____

I understand that under federal and state law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include walking, seeing, hearing, speaking, breathing, and thinking, communicating, learning, performing manual tasks, and caring for oneself.

Impairments also include such diseases and conditions such as orthopedic; visual; speech and hearing impairments; Cerebral Palsy; autism; seizure disorder; Muscular Dystrophy; Multiple Sclerosis; cancer; heart disease; diabetes; HIV; mental retardation; mental and emotional illness; drug addiction; and alcoholism. This definition does not cover any individual who is a drug addict and currently using an illegal drug, or an alcoholic who poses a direct threat to property or safety because of alcohol use (224 CFR Part 8.3 and HUD Handbook 4350.3, (Exhibit 2-2)).

I hereby grant the Housing Authority of Jackson County permission to contact the below named individual and verify that I have a disability that requires the accommodation being requested and that such accommodation is necessary for me to perform one of the major life activities listed above.

Name of Office: _____

Name of Doctor or Qualified Professional: _____

Address: _____

Phone: _____

Fax: _____

Tenant Signature _____ Date: _____

